## SEMINAR REGISTRATION FORM

OSC GASB UPDATE SEMINAR

| Name:                                                                                  |                                            |        |       |
|----------------------------------------------------------------------------------------|--------------------------------------------|--------|-------|
| Title:                                                                                 |                                            |        |       |
| Agency:                                                                                |                                            |        |       |
| Mailing Address: Within Wake County (State Agencies Only): Mail Service Center Number: |                                            |        | City: |
| Outside of Wake County with Courier #:  State Courier Number:                          |                                            |        |       |
| All Other (If no Mail Service Center # or State Courier #):                            |                                            |        |       |
| Address:                                                                               |                                            |        |       |
| City:                                                                                  |                                            | State: | Zip:  |
| Telephone Number: ( ) -                                                                |                                            |        |       |
| E-Mail Address:                                                                        |                                            |        |       |
| Seminar Information:                                                                   |                                            |        |       |
| Place:                                                                                 | McKimmon Center<br>Raleigh, North Carolina |        |       |

**Date/** May 23, 2001

**Time:** Registration: 8:00 a.m. - 8:30 a.m. Seminar: 8:30 a.m. - 5:00 p.m.

**Fees:** \$30 per attendee

Registration fee covers the cost of materials distributed at the seminar, coffee breaks, and lunch and is not refundable without a \$25 cancellation fee after May 16, 2001. Mr. Renfrow has approved the excess registration fee in accordance with the State Budget Manual, Section 5, Page 37. The course is

intended to qualify for 8 hours of CPE.

**Dress:** Participants are encouraged to dress comfortably in business casual attire.

Please mail completed registration form and check made payable to:

Office of the State Controller

Attn: John Morgan 1410 Mail Service Center Raleigh, N C 27699-1410

The Office of the State Controller is registered with the North Carolina State Board of CPA Examiners as a sponsor of continuing professional education. Complaints or comments regarding registered sponsors may be addressed to the NC State Board of CPA Examiners, PO Box 12827, Raleigh NC 27605-2827.